

MAJORITY REMOVED FOR REASONING.  
 WRITE PLAINLY. WITH INFORMATION AND THIS IS A PRELIMINARY REPORT.  
 A B-2b one of twins or triplets use a separate blank form for each child, and mark on  
 FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 2.  
 IN CASE OF TWINS, TRIPLETS, ETC.

(1) PLACE OF BIRTH  
 County of Calhoun  
 Township of Pine Grove  
 or  
 Inc. Town of Long Star SC  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) Ward \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Only  
3005

Registration District No. 803 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child James Earl  
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>MALE</u>	(4) Twin or Triplet <u>—</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2, 1923</u> (Name of Month) (Day) (Year)
(8) FATHER (9) FULL NAME <u>Sam Esau</u> (10) PRESENT POSTOFFICE OF FATHER <u>Long Star SC</u> (11) COLOR OR RACE <u>negro</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u> (14) Number of children born to mother, including present birth <u>1</u>			(15) MOTHER (16) NAME BEFORE MARRIAGE <u>Lelia Moten</u> (17) PRESENT POSTOFFICE OF MOTHER <u>Long Star SC</u> (18) COLOR OR RACE <u>negro</u> (19) BIRTHPLACE <u>S.C.</u> (20) OCCUPATION <u>Farmer</u> (21) Number of children of this mother now living, including present birth <u>1</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> (Year)				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was alive at 7 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles S. Sato  
 (24) State whether Physician or Midwife \_\_\_\_\_  
 (25) Address of Physician or Midwife Long Star SC

Given name added from a supplementary report \_\_\_\_\_  
 (26) Witness Mrs. J. H. Stordennie  
 (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed Feb 10, 1923 (28) J. H. Stordennie  
 Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.